

# *HASTINGS*

## **FIVE-YEAR HOUSING ACTION PLAN**

### **PROJECT #2**

### ***EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS***

*Prepared for:*

***NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT***

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**With Assistance From The Grand Island, Hastings  
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**HASTINGS , NEBRAKSA**

**FIVE-YEAR HOUSING ACTION PLAN**

***EXTREMELY LOW INCOME PERSONS WITH A  
SERIOUS MENTAL ILLNESS***

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**SECTION 1**  
***INTRODUCTION -***  
***PURPOSE & PROCESS***

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# SECTION 1

## ***INTRODUCTION - PURPOSE & PROCESS***

### **THE PURPOSE- FIVE-YEAR HOUSING ACTION PLAN**

---

This **Five-Year Housing Action Plan** allows the Nebraska Department of Health and Human Services (NHHS) and Economic Development (NDED) to address planning issues related to the provision of ***safe and affordable housing for persons with a Serious Mental Illness (SMI) with extremely low incomes***, residing in the counties associated with the "**Primary**" community of **Hastings, Nebraska**, as identified in the Statewide Consumer Housing Need Study, completed for NHHS and NDED, in September, 2003. This SMI housing action planning process examines and identifies the most appropriate housing types, for a targeted 125 persons with SMI, for a five-year period 2003 to 2008, as presented in the Statewide Consumer Study. This SMI Housing Action Plan is intended to be approved, by consensus, by pertinent, interested groups and individuals involved in the Hastings SMI housing market area, including the Region III Behavioral Health Services Governing Board, local officials, consumers and services providers.

### **THE PROCESS- FIVE-YEAR HOUSING ACTION PLAN**

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NHHS retained the services of Hanna:Keelan Associates, P.C., Lincoln, Nebraska, to prepare the Hastings, Five-Year Housing Action Plan, for persons with SMI. Hanna:Keelan was assisted by the **Grand Island, Hastings and Kearney Community Team**, comprised of representatives of federal, state and local leadership and housing funders and families, groups and individuals representing persons with SMI. The Action Plan was completed during the period of October, 2003 to July, 2004.

***Hanna:Keelan was directed to study, analyze and determine the appropriate current and future affordable housing needs of persons with SMI, who are extremely low income, in the community of Hastings, Nebraska.***

*process,  
continued.....*

The Hastings SMI housing planning process included both a ***"qualitative" and "quantitative" research program***, in an effort to identify the types, number and location of **respite care/emergency shelter beds, group residential beds, residential units**, and housing programs, most appropriate, to enhance the quality of life for income qualified persons with SMI. Emphasis was placed on meeting the identified need for additional permanent housing with supportive services for persons who are extremely low income, with SMI issues.

*qualitative  
process.....*

The ***qualitative research program*** included valuable input from the Region III Community Team. The Team met on four occasions, to discuss and assess the housing and services needs of persons with SMI.

*quantitative  
process.....*

The ***quantitative research program*** included utilizing statistical data available in the Statewide Consumer Study. This data was obtained via the U.S. Census, CHAS Tables and the Nebraska Mental Health Estimation Project, prepared by the Western Interstate Commission for Higher Education, with the assistance of Charles Holzer and Associates, University of Texas Medical Branch. The projection of data was completed by Hanna:Keelan, utilizing standard formats for trends/projections analysis. Provider and consumer surveys, as well as provider and consumer focus group meetings, conducted for the Statewide Consumer Study, provided qualitative information which was utilized in finalizing the trend/projection analysis.

## **SMI Defined**

For purpose of this SMI Housing Action Plan, the following definitions for persons with SMI were utilized. *(1) Persons 18+years of age, (2) who currently have, or have at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions).*



***SMI defined,  
continued.....***

*This includes mental disorders such as schizophrenia (295), mood disorders, including bipolar and major depression (296), delusional disorder (297.1), shared psychotic disorder (297.3), brief psychotic disorder (298.8), and psychotic disorder NOS (298.9). Excluded are DSM-VI "V" codes, substance use disorders, and developmental disorders, unless they occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment (i.e. basic daily living skills, instrumental living skills, functioning in social, family and vocational/educational contexts), which substantially interferes with or limits one or more major life activities. Note: Subsets of SMI include persons with a severe and persistent mental illness and persons disabled by severe and persistent mental illness.*

**Statement of  
Conditions**

**Hastings, Nebraska**, located along Interstate 80 corridor, is the seventh largest community in the State, with an estimated 2004 population of 24,100. The City's population is projected to decrease an estimated .15 percent, annually.

In 2000, Hastings had an estimated 10,331 housing units, with 7 percent, or 726 units vacant, of which 51 percent or 373 were rental units. In 2004, an estimated 37.6 percent of the households are renters.

## REVIEW OF STATEWIDE FINDINGS/ CONCLUSIONS

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The **Statewide Consumer Housing Need Study** documented a five-year forecast of affordable housing needs of extremely low income persons with SMI. The Study predicted an **estimated 71,763 persons with SMI**, 19+ years of age, will reside in Nebraska by 2008. This will equal an estimated 5.5 percent of the total 19+ years of age population in the State. An estimated 88 percent of the **71,763 persons with SMI will reside in a household** (non-institutionalized/non-hospitalized) or be homeless.

### *Extremely low income SMI.....*

The **Statewide Study** concentrated on adults with SMI, residing in a household or homeless, at 50 percent of the Area Median Income (AMI) or less, for ages 19 to 21 years, and 30 percent of AMI or less for 22+ years of age adults. **An estimated total of 17,030 SMI adults (3,788, 19 to 21 years and 13,242, 22+ years) will be within these income categories, by 2008.**

### *SMI with cost burden housing problems.....*

An estimated 75 percent of the SMI adults, within the designated AMI categories, will experience cost burden/housing problems. This total is **12,763 SMI adults**; an estimated 2,698 at 19 to 21 years and 10,065 at 22+ years of age.

### *Target SMI Housing Need.....*

A **target SMI housing** need was identified in the Statewide Consumer Housing Need Study, which included **3,926 bed/units**, by 2008 an estimated 31 percent of the total estimated income eligible SMI adults (12,763) having cost burden/housing problems. The Study also identified three specific housing types; crisis/respite care- emergency shelter, group residential and residential units.

**Target Housing  
Types.....**

The Statewide Consumer Housing Need Study identified the following ***target housing types for persons with SMI.***

- ⇒ **Crisis/Respite Care Emergency Shelter** is a broad category which includes housing designed to provide temporary shelter and services to individuals with a serious mental illness, including homeless individuals. This includes respite care beds, meant to provide temporary, specialized care in an crisis situation or in the absence of a primary care giver, with services provided on a planned or unscheduled basis due to crisis or other events which arise. This category also includes emergency shelter beds for homeless individuals with a serious mental illness.
  
- ⇒ **Group Residential Programs** are facility-based, non-hospital or nursing facility programs for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community and provide skill building in community living skills, daily living skills, self medication management and other related psychiatric rehabilitation services as needed to meet individual consumer needs. A group residential facility involves living with a group of people with 24 hour staff.
  
- ⇒ **Residential Units** include independent living units, such as apartments or single room occupancy housing. Staff is not located on site, however community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community and social integration.

## ***Mental Health Services.....***

The Statewide Consumer Study identified ***mental health services***, in addition to housing needs for persons with SMI. The following definitions and estimated costs apply to these services.

### **Mental Health Rehabilitation/Support/Recovery-**

The estimated annual cost for Mental Health Rehabilitation/Support/Recovery utilizes an estimated average baseline cost of \$11,000 per unit/bed-occupant, per year. This would include costs associated with mental health rehabilitation and support services designed to promote recovery, such as day rehabilitation, community support, residential rehabilitation, Assertive Community Treatment (ACT), vocational support and related services.

- Occupants of crisis/respice care/emergency shelter beds would require an estimate average annual cost of \$12,700, per occupant, for mental health rehabilitation/supply/recovery services. Emergency shelter beds at \$6,000 per unit and Crisis/Respice Care Beds at \$39,500 per bed.
- Occupants of group residential beds would require an estimated average annual cost of \$36,000.
- Occupants of residential units would require an average annual cost of \$3,000.

**Medical Treatment For SMI-** The estimated annual cost for Medical Treatment for the Seriously Mentally Ill includes costs associated with medication expenses. An estimated average of \$5,800 per unit/bed-occupant, per year, was established; an estimated \$3,500 for the 19 to 21 years of age group and an estimated \$5,850 for the 22+ years of age group. All or part of the expenses for medical treatment services expenses may already be covered for a portion of the targeted population, by Medicaid or Medicare.

**The definition and estimated costs for the identified target housing types and mental health services apply to all 34 "Primary" communities, in the State of Nebraska, including Hastings, Nebraska.**

## **REGION III SMI HOUSING NEED**

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The Statewide Consumer Housing Need Study identified a five-year SMI housing need of **515 units/beds**, to be situated in the following Region III "**Primary**" communities; Grand Island, Hastings, Kearney, Holdrege, Aurora, Broken Bow and Ord. These communities are slated to provide housing for the SMI population in all of the 22 counties served by Region III. The City of Hastings was identified as the "**Primary**" community to provide **125 units/beds**, to serve the SMI consumers residing in Adams, Clay, Nuckolls and Webster Counties.

## **SMI Housing & Economics- Hastings**

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By 2008, an estimated **35,283** residents, residing in Adams, Clay, Nuckolls and Webster counties represented by the Community of Hastings, will be **19+ year of age**. An estimated **2,002** of this population will be diagnosed with a **serious mental illness**. An estimated 88.1 percent of this group, or **1,763**; will **reside in a household, or be homeless, or without permanent housing**.

Of the estimated 1,763, 19+ years of age, SMI residents, living in Adams, Clay, Nuckolls and Webster Counties represented by Hastings, an estimated 27.3 percent, or **481 residents**, will meet the **extremely low - to low income** criteria, established in the Statewide Consumer Housing Need Study. An estimated 69.8 percent of this groups, or **336**, will be **cost burdened, and/or have housing problems**.

Of the **336 SMI Residents** identified as the group most needing affordable housing, a total of **125 units/beds** have been **targeted** to meet an estimated 31.6 percent of this need.

- A. **By 2008...Adams, Clay, Nuckolls and Webster Counties (Estimated) Population - 35,283, 19+ Years of Age**
- B. **Total SMI, 19+ Years of Age - 2,002 (5.7% (A))**
  - 19-21 Years of Age - 217
  - 22+ Years of Age - 1,785

*housing  
economics,  
continued.....*

- C. Total SMI, in Households, 19+ Years of Age - 1,786 (88.1% (B))**
  - 19-21 Years of Age - 196
  - 22+ Years of Age - 1,567
- D. Total SMI, in Households, AMI - 481 (27.3%(C))**
  - 19-21 Years of Age, 0% - 50% AMI - 105
  - 22+ Years of Age, 0% - 30% AMI - 376
- E. Total SMI, 19+ Years, in Households, AMI, Cost Burdened/Housing Problem (CB/HP) - 336 (69.8% (D))**
  - 19-21 Years of Age, 0% - 50% AMI-CB/HP - 75
  - 22+ Years of Age, 0% - 30% AMI-CB/HP - 261
- F. Total SMI Targeted Household Need - 125 (37.1% (E))**
  - 19-21 Years of Age, 0%- 50% AMI-CB/HP - 23
  - 22+ Years of Age, 0% - 30% AMI-CB/HP- 102

*Targeted Group/  
Housing Type.....*

A total of 23 units/beds have been identified for the 19-21 years of age SMI population group, for Hastings, by 2008. This would include three housing types; crisis/respice care- emergency shelter beds, group residential and residential units. The 22+ years of age SMI group will require 102 units/beds, by 2008, in Hastings, with residential units being the most needed type of housing, 75 units.

#### **TARGETED GROUP/HOUSING TYPE**

- **19-21 Year (0% - 50% AMI)**
  - Crisis/Respice Care/Emergency Shelter Beds - 3
  - Group Residential Beds - 9
  - Residential Units - 11
  - Subtotal 23
- **22+ Years (0% - 30% AMI)**
  - Crisis/Respice Care/Emergency Shelter Beds - 6
  - Group Residential Beds - 17
  - Residential Units - 75
  - Subtotal 102

**TOTAL (UNITS/BEDS) - 125**

***Estimated Costs-  
Housing and  
Services.....***

The following identifies the estimated cost to both construct and operate the 125 SMI beds/units in Hastings, and the estimated costs associated with providing both mental health services and medical treatment to this group of consumers.

**Target Household Need - Capacity Building, Land Requirements, Development Costs, Operating Expenses - Hastings**

1. Housing Capacity Building Costs.....\$9,000
2. Est. Land Requirements..... 15.27 acres
3. Est. Development Costs.....\$9,842,000
4. Est. Annual Operating Expenses.....\$684,500

**Target Household Need - Mental Health Services and Medical Costs - Hastings**

5. Est. Annual Cost - Mental Health  
Rehabilitation/Support/Recovery...\$1,382,281
6. Est. Annual Cost - Medical Treatment  
For SMI.....\$677,200

Hastings is the Home of the Hastings Regional Center. Due to the passage of LB 1083, this Regional Center will eventually be closed. The Hastings Regional Center has 93 beds. The closing of the Regional Center should impact the SMI housing need in the Hastings area.

**HASTINGS  
AFFORDABLE  
HOUSING SUPPLY**

The Community of Hastings has an excellent supply of modern, affordable housing for persons and families of low- to moderate income. The majority of these affordable housing programs are funded by HUD and the Low Income Housing Tax Credit Program. Hastings has an estimated 428 units of affordable housing, in 11 separate housing programs, funded by these governmental groups/programs, with estimated sustained occupancy rates of between 90 and 100 percent.

***affordable housing  
supply,  
continued.....***

The Hastings Housing Authority only provides Section 8 vouchers to qualified individuals and families. Hastings Housing Authority receives an annual allotment of 479 Section 8 Vouchers to be used at rental units. All 479 Vouchers are currently in use. A waiting list exists for Section 8 Vouchers.

Affordable housing for persons with SMI, in Hastings, includes the following:

Residential Units:

- ♦ Greater Nebraska Independent Housing - 8 Units
- ♦ New Beginnings Plaza - 7 Units
- ♦ New Horizons Plaza - 11 Units
- ♦ South Central Behavioral Health Services - 24 Units

Tenants at the above referenced housing programs are limited to paying 30 percent of their income for rent and related housing expenses

Group Residential:

- ♦ Abel House - 8 Beds
- ♦ Champion Homes - 23 Beds
- ♦ The Bridge - 10 Beds

Crisis/Respite Care/Emergency Shelter:

- ♦ Crossroad Center - Homeless Shelter

The League of Human Dignity own and operates a seven unit affordable housing facility for persons with a mobility disability.

Mosaic own and operates a 10 units affordable housing facility for persons with a developmental disability.

Mid-Nebraska Association for Developmental Housing own and operates up to 33 units of affordable housing for persons with a developmental disability.



**local housing****costs.....**

Perhaps the primary indicator of housing costs, in a community, for persons/families at 50 percent of the area median income or less, are the current Fair Market Rents (FMRs) provided by HUD and administered by local Housing Authorities. The following table identifies the current FMRs for the respective Counties for the eight communities for which Five-Year Action Plans were completed, as Project #2 of SMI Housing Needs Assessment. Tenants utilizing rental assistance programs associated with FMRs would pay no more than 30 percent of their income for rent and utilities. The difference between what the tenant can pay, at 30 percent of their incomes, and the allowable FMR is covered by rental assistance.

<b>FAIR MARKET RENTS AT 30 PERCENT OF INCOME</b>					
<b><u>County</u></b>	<b><u>Efficiency</u></b>	<b><u>1-Bedroom</u></b>	<b><u>2-Bedroom</u></b>	<b><u>3-Bedroom</u></b>	<b><u>4-Bedroom</u></b>
<b>Hall:</b> (Grand Island)	\$304	\$400	\$533	\$701	\$786
<b>Adams:</b> (Hastings)	\$264	\$354	\$467	\$586	\$701
<b>Buffalo:</b> (Kearney)	\$273	\$395	\$495	\$617	\$747
<b>Madison:</b> (Norfolk)	\$259	\$341	\$451	\$584	\$712
<b>Platte:</b> (Columbus)	\$253	\$326	\$416	\$580	\$605
<b>Wayne:</b> (Wayne)	\$289	\$326	\$416	\$532	\$630
<b>Lancaster:</b> (Lincoln)	\$337	\$431	\$569	\$755	\$882
<b>Douglas:</b> (Omaha)	\$362	\$496	\$626	\$821	\$922
Source: <a href="http://www.huduser.org">www.huduser.org</a> , 2004					

**SECTION 2**  
***HASTINGS COMMUNITY***  
***PARTICIPATION PROCESS***

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## **SECTION 2**

### ***HASTINGS COMMUNITY PARTICIPATION PROCESS***

#### **INTRODUCTION**

The development of the Hastings Five-Year Housing Action Plan, for persons with SMI, included the participation of the Grand Island, Hastings and Kearney Community Team. Both consumers and community support workers, associated with persons with SMI, participated in the process. The Community Team was comprised of 33 persons, the majority were professionals representing local government, local housing interests and federal, state and local housing funders.

#### ***community team.....***

The Community Team met for three, four-hour sessions to discuss affordable housing needs, options and opportunities, in Hastings, for persons with SMI. The four meeting dates were October 15, 2003, October 29, 2003, December 10, 2003 and January 22, 2004.

#### **COMMUNITY TEAM INPUT**

The following summarizes the Community Team's input regarding SMI housing and services needs in Hastings, Nebraska.

- Landlords - some are good, others are bad;
- Regional Center closing will greatly affect SMI housing needs;
- Some HUD housing is not very good;
- Active local Section 8 program;
- How can services be funded?;
- There is a depth of services available in Hastings, however not everyone knows about them;
- Many people come to Hastings from out of state/out of town, specifically because of the services offered;

***community  
team input,  
continued.....***

- Land availability is limited - there are many infield lots, however these lack utilities - if you go from the center of town, you are too far away from services, grocery stores, etc. (these are limited in Hastings);
- Designated blighted areas of town could be clear and used for SMI housing;
- West 2<sup>nd</sup> Street (Central & West 2<sup>nd</sup>) is a possibility;
- List current/future housing facilities for people with SMI on some type of Internet database with information on each - rents, conditions, assistance available, location, who to contact, service levels, pictures, etc. - serve as a central point for someone with SMI to go to find housing;

**Current Housing:**

- Champion Homes;
- Abel House;
- New Beginnings, New Horizons, South Central Behavioral Health Services, Crossroads Shelter;
- Individual, independent apartments;

**Housing Needed:**

- When the Regional Center closes, Hastings will need crisis beds to prevent hospitalization, specifically some type of secure unit/bed;
- For residential units, definitely prefer a scattered site model, as consumers prefer to be integrated into the community;
- There are definite safety issues with the current housing available, Safe, adequate housing;
- People want to be close to stores and the Downtown;

*community  
team input,  
continued.....*

- Perhaps neighborhoods could "adopt" certain housing units and watch out for the tenants there, such as a Neighborhood Associations;
- Well-trained staff (and more of them);
- Transportation needs to be addressed;
- Activities/employment opportunities;
- South Central Behavior Services Low-Income Housing Tax Credit (LIHTC) Application to construct 24 apartment units;
- Alternatives were discussed for smaller communities as a means to allow persons with SMI to stay in their own small town communities, or even in the Tri-City communities.
  - Adult Foster Family Homes-families would be recruited to house an adult with SMI, assuming that they had completed special training. Also discussed was allowing a family to have as many as three SMI adults;
  - Establish a system of providing something similar to Section 8 Vouchers, specifically for support services.
- Crisis Beds - Need to establish a facility with access to other people (many times local SMI people living independently have a "crisis" and simply do not want to be alone);
- Ensure new housing is "Welcoming" Housing, not the rundown units typically available to persons with SMI;
- Renovate large single family homes for use as assisted living independently and be integrated into the community;
- Establish a variety of transitional housing types focused on 12 to 18 months. These models would focus on job skills, budgeting and work towards achieving independence;

## **PRIORITIES**

- **Crisis/Respite Care, with treatment;**
- **Adult foster housing for persons with SMI;**
- **Shelter situation for persons with SMI coupled with transitional living units;**
- **Adopt and implement the "Village Model";**
- **Rental Assistance;**
- **Additional landlords working with SMI Community Service Providers;**
- **Group Residential Beds, via the use of unused public building spaces;**
- **Purchase, rehabilitation and rent or sell to families with a member that is SMI;**
- **Scattered site duplexes/four plexes (residential units), with supportive services programs.**

## **GENERAL THEMES**

The following identifies some **General Themes** regarding the overall housing and supportive services needs of the SMI population, in Hastings, as per the Community Team participation process.

1. Future SMI housing in Hastings should focus on the development of all three types of housing for persons with SMI units.
2. Funding for SMI treatment and medical services need to match all new housing programs.
3. SMI consumers need to have their own bedroom, be it in a group residential or residential (independent living) units.
4. A special effort should be made to, first, create affordable housing for persons with SMI that are currently inappropriately housed in housing either, or both too expensive or having condition problems.

*general themes,  
continued.....*

5. Local housing non-profits, services providers and, as well as for-profits and local government need to cooperate to sponsor new SMI housing developments.
6. Insure that consumers with SMI receive additional employment options, with training. An effort should be made to double the current number of employed consumers in the next five years, local business, government and services providers should all participate in this effort.
7. Transportation should also be a priority, in Hastings, for persons with SMI. The availability of land, for new housing programs, not in the core area of Hastings, will dictate having a dependable means of transportation.
8. The community of Hastings should consider the development of a housing program utilizing the **"Village Concept"**; combining residential living, employment training, transportation and community information.
9. Rental Assistance will be needed to improve overall affordability standing of persons with SMI, in Hastings.
10. A mix of rental assistance and other available housing funds, ie. Low Income Housing Tax Credits (LIHTCs), to increase the numbers of consumers served.
11. Pursue the securment of the annual HUD 811 funds for SMI housing in Hastings.
12. Pursue the HUD 202 or HUD 811 programs for older adults with SMI providers in Hastings.







**SECTION 3**  
***FIVE-YEAR SMI HOUSING***  
***ACTION PLAN***

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# SECTION 3

## ***FIVE-YEAR SMI HOUSING ACTION PLAN***

### **INTRODUCTION**

The following **Action Plan** details a five-year approach to meeting the housing needs of extremely low income persons with SMI, residing in the two Nebraska counties represented by the "**Primary**" Community of **Hastings**. The total units proposed exceed the targeted 125 target units/beds, discussed previously in this document. A total of six individual SMI housing programs, if all developed, would accommodate an estimated 180+ consumers.

### **MATRIX-SMI HOUSING PROGRAM PRIORITIES**

The **Matrix** provided in this Action Plan list ***Housing Program Priorities***, as prepared by Hanna:Keelan Associates, with input of the Grand Island, Hastings and Kearney Community Team. Listed in the Matrix are individual housing programs, the purpose, and in some instances the location of the programs, potential coordination and funding sources for each program. Each housing program includes an estimated land requirement and budget for both development and mental health support and medical treatment.

**The eight proposed SMI Housing Program Priorities, for Hastings, are profiled as followed:**

1. Affordable Apartments; independent living units for persons with SMI, Blue Hill.
2. Independent Living for persons with SMI - Clay Center.
3. Affordable Apartments; independent living units for persons with SMI - Hastings.
4. Group Home Beds, SMI, Men - Hastings.
5. Group Home Beds, SMI, Women - Hastings.

***SMI  
housing program  
priorities,  
continued.....***

6. Group Home Beds, SMI Older Adults - Hastings.
7. Crisis/Respite Care/ Emergency Shelter Beds - for persons with SMI, Hastings.
8. Group Nursing Home - Hastings.

**PROPOSED  
COORDINATION  
of SMI  
HOUSING PROGRAM**

This Five-Year SMI Housing Action Plan identifies **several groups/organizations to coordinate** proposed housing programs, in HASTINGS, for persons with SMI. **Goodwill Industries, the Adams, Hall, Clay, Nuckolls and Webster Counties Housing Development Corporation, South Central Behavioral Health Services and the Hastings Housing Authority**, along with several local SMI services providers, with affordable housing experience should take a lead role in facilitating development of the SMI housing, based upon their eligibility, and thus, accessibility to all major housing funding sources available.

**FUNDING  
of SMI  
HOUSING**

Local non-profit groups, such as Goodwill Industries the Adams, Hall, Clay, Nuckolls and Webster Counties Housing Development Corporation, South Central Behavioral Health Services as well as the Housing Authority are eligible candidates for the HUD Section 202 and 811 programs; two ideal programs to fund special populations.

The Community of Hastings should, first, designate a local organization, or team of professionals to monitor and insure the implementation of this SMI Housing Action Plan.

Several state and federal programs exist to fund housing for persons with SMI. The HUD Section 202 and 811 programs provide a "capital advance" to construct a housing program and an "operational subsidy" to assist in funding the operational costs of a housing program, for persons with SMI, to an eligible non-profit group.

*funding  
of SMI  
housing,  
continued.....*

**HOME and Nebraska Affordable Housing Trust Funds** provide "gap" financing, to assist in financing housing for special populations. These two programs are administrated by the Nebraska Department of Economic Development (NDED).

The **Nebraska Low-income Housing Tax Credits Program**, sponsored and administrated by the Nebraska Investment Finance Authority, accepts applications for housing programs to serve special populations. The **Midwest Housing Equity Group** has expressed interest in purchasing the tax credits awarded housing programs for persons with SMI.

The **Community Development Block Grant Program**, also administrated by NDED, is available for housing rehabilitation programs, which could benefit existing housing stock occupied by persons with SMI.

The **Federal Home Loan Bank and FannieMae**, also have funding products capable of total or partial funding of SMI housing program.

Locally, the City of Hastings should continue the use of **Tax Increment Financing**, to assist in financing land purchases, development costs and public improvements associated with the development of affordable housing for person's with SMI.

## **COMMUNITY & FUNDING STRATEGIES**

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The present State Administration has recently spent considerable amounts of both time and resources addressing the needs of persons with SMI. The "Nebraska Behavioral Health Services Act" (LB1083) was passed by the Legislature (Yes-44, No-2, Not Voting-3) and signed into law by Governor Mike Johanns, on April 14, 2004. LB1083 is the Governor's major proposal to improve the availability and accessibility of high-quality community-based services for people impacted by behavioral health issues, including those who have or are at risk for mental illnesses and their families. The Behavioral Health Reform includes the closure of two of the three Nebraska State Psychiatric Hospitals (Hastings and

***Community  
& Funding  
Strategies,  
continued.....***

Norfolk Regional Centers) and creates more community-based programs for treating behavioral health disorders (mental health and substance abuse).

The recently completed Statewide Consumer Housing Need Study focused on the need for affordable and appropriate housing for extremely low-income persons with SMI. Project #2, of this SMI housing planning process, addressed, specifically, a Five-Year Action Plan for developing housing for persons with SMI in eight Nebraska communities. These Action Plans, to be successful, will require the implementation of both community, capacity and funding strategies, complementary to the cause of SMI housing. The following should be considered.

***funding.....***

- Insure the continued set-a-side of the Nebraska Affordable Housing Trust Fund to provide both rental assistance and “gap” financing for the development of SMI housing.
- Other State funding programs, such as HOME Funds, Community Development Block Grant Funds and Low-Income Housing Tax Credits should have an annual set-a-side, specifically, for financing housing for persons with SMI.
- Funding efforts by local Housing Authorities to include a set-a-side for or a priority to persons with SMI.

***community  
strategies.....***

- Consider residential and supportive services land availability when conducting community comprehensive planning and zoning.
- Consider available local Community Development Block Grant reuse funds to assist in financing the development of SMI housing.
- Utilize tax increment financing in the development of housing for persons with SMI.
- Utilize a “community team” approach, comprised of individuals from all sectors of the community in the planning and development of both supportive services and housing for persons with SMI.

***capacity  
building.....***

- Strive to build the capacity of local and regional groups to understand and participate in developing housing for persons with SMI. This would include, but not be limited to private developers, housing authorities, community Housing Development Organizations, Community Development Corporations and Economic Development Districts, as well as local SMI service providers, including church organizations.